





# Lecture 31.

Lecture 1.  
Intermittent fever

Monk

## Intermittent Fever

Gentlemen,

In the preceding lectures I divided fever into Continued, intermittent, and remittent. In some of the practical works you find it divided into intermittent and continued; and subdivided into those which continue unremittently, and those which have intermissions - viz. Continued and remittent. It matters not in a practical point which division you adopt; for all fevers whether continued or intermittent, are known by those symptoms which we denominate Pyrexia. In inflammation there are only two stages well marked - that is the cold & hot stages; but in an attack of fever there are often three; a cold, a hot, and a sweating stage. <sup>Even</sup> in an intermittent these stages are very distinctly marked. In a simple, uncomplicated intermittent these series of paroxysms recur at intervals more or less regular, and alternate with apyrexia nearly or not quite regular. There is generally but one paroxysm or fit in the space of 24 hours. In continued fever you may have a shivering at the beginning; but then it will terminate in the course of the disease, and you will have to treat a long continued heat or fever. It is only towards the close of the fever, that there are sweats; and frequently there are none of a remarkable character; for there is often merely moisture of the skin, as the disease declines. On the other hand in intermitting fever there is usually three distinct stages - a cold, hot, & sweating stage.

2)

which stages you must remember, as here recollection is of the utmost importance to you in the guidance of the treatment.

The first is, the cold stage, and when about to commence the patient feels himself very weak and listless. He begins to yawn, gape, and stretch. He finds his mind less active; and his external senses more or less dull.

In some cases you will witness real stupor, but in every case the patient's mind is very dull. He is unable to go on with what he is about, and even his external senses are impaired. There is also at the same time a great depression of spirits. With these symptoms, very soon a sensation of coldness comes on — first off in the back; and the patient complains of chillings, before others who touch him can perceive it. As the first or cold stage has begun, the surface becomes pale and dry, ~~and~~ now the patient begins to tremble slightly.

He becomes really cold and the temperature falls perceptible to others. He trembles more and more, and becoming colder, till he is in a state of downright shivering, and then his jaws chatter. The constriction of the skin at this time is so great, that it becomes rough, and in common language compared to "goose's skin". Such is the shrinking that <sup>will</sup> rings, fall off that fitted very well. — There is a sense of creeping and shuddering over the skin; the hairs of which stand erect. The urine at this time becomes pale and scanty. Probably the same constriction of the secreting vessels of the kidneys take place, which occasions the dryness of the surface of the body. It is the same constriction

of the secreting vessels, that gives rise to the dryness of the mouth and fauces, and also to the thirst.

This is altogether a state of debility, and consequently the pulse is weak, and sometimes slow; and the breathing generally short, from the accumulation of blood in the internal parts. Frequently the stomach will be affected with vomiting. In a very cold stage, the face, hands, and feet become blue; the fingers shrivelled and the eyes are sunk.

In the cold stage of a paroxysm of intermittent fever, you see that the blood has receded from the surface, and probably from all the small vessels; so that you have its accumulation or congestion in all the large vessels of the interior.

After this state has continued a certain period, of various duration the skin will be found to relax.

It gradually becomes warmer; it regains its colour, and sensibility; and the pulse becomes quick and fuller.

The heat, the colour, and the sensibility of the skin go on increasing, till at length they exceed their natural standard, and the pulse grows full and rapid.

Such is the excitement now, that the patient frequently complains of headache and may have accompanying delirium.

The thirst, dryness of skin, and deficiency of urine continue; but the urine however changes its character; from being pale and watery, it now becomes high coloured; but is still clear. The patient respires freer, from less impediment of the circulation of the blood in the small vessels of the lungs.

There is not that slow breathing which was at first; but still he has more or less oppression;

for the heart is in violent action, and when this is the case there is always some dyspnea. That state now takes place which is commonly called the second stage or fever. If the disease should intermit altogether it is called ague, which term is from the French ague meaning sharp or acute.

The word fever by common people is limited to the hot and sweating stages, and ague only to the cold stage, so that it is common to hear a patient tell you, that he has got ague and fever, but ague properly speaking includes all the three stages.

There can be no doubt, that both the expressions of pyrexia and "fever" though made by medical writers to include the whole stages, imply properly the hot only; as the former is derived from a Greek word signifying fire; and the latter from a Latin word - to be hot.

After the second or hot stage, the patient's skin at length becomes still softer; grows more moist, till at last he perspires profusely. The secretions become free, the thirst declines, the urine becomes copious; and the vessels let through so much substance, that it forms a catenitious sediment. After the sweating has continued an indefinite time, the pulse grows gradually slower; and the sweating and all other symptoms diminish. The appetite which is generally absent, in all the three stages, now returns; and the patient is as well as though nothing had happened. If the attack be one of simple intermittent, that is without local involvement of any of the viscera, and not very severe; when the paroxysm is over, he is as well as ever.

In all the symptoms I have mentioned you will find a great variety of intensity; and this variety depends upon the relative intensity of the different stages. In fact we may say the same of the whole disease together; and besides, there are very many occasional incidental symptoms, occurring through or during the course of a paroxysm of intermittent fever.

In some cases tetanic symptoms, convulsions, fainting, violent delirium, and even the appearance of ~~rabies~~ <sup>electricity</sup> have been observed. The occurrence of these symptoms have led many practitioners to study the affection under three great varieties viz

1. The Simple Intermittent.
2. Malignant or Complicated Intermittent.
3. Masked Intermittent -

This is a very good classification at the bedside of the patient. Now one patient may present the disease in the simplest form, entirely free of any local organic complication, which will readily yield to the ordinary measures of treatment. In a second, in whom you have from the first invasion numerous and dangerous <sup>organic</sup> complications, and even profound congestion of all the viscera and malignancy which cannot be cured until these incidental conditions are removed; whilst in a third class of patients, the symptoms are so irregular in their introduction, and so masked throughout their course as to puzzle the practitioner and make it extremely difficult for him to arrive at a correct diagnosis, and necessarily to confound his treatment. Some writers mention

violent delirium as the character of certain epidemics  
intermittents. ~~As an Epidemic which occurred at the John~~  
~~Pond~~ Sir John Pringle mentions a violent delirium  
as the character of an epidemic intermittent which he  
saw prevail; and in 1653 at Copenhagen an epidemic  
occurred in which petechia was present during the hot-  
stage. In Italy and some parts of our own country  
dangers congestions occur during the first stage.  
You will find many interesting cases of such forms  
detailed in the work of McDaniel upon the Practice  
of Medicine. The three stages which I

have detailed, may all take place in the course of  
one day, and never return; and then the disease  
has received the name of Ephemera; a disease  
of a days duration. But for the most part,  
these stages return periodically, so that the disease  
is not ephemera ague, but intermittent fever.

The intermissions between two paroxysms, is usually  
part of one day; or it may be a whole day, or two days  
<sup>that is</sup> 48 hours. Should the disease be beyond two days,  
the intermission is rarely regular. If the intermission  
be only part of a day, the fever is called quotidian  
that is the attack returns every day — there being an  
intermission of only part of a day — If the intermission  
should be a whole day, so that the attack occurs every  
other day — it is called tertian intermittent. It is  
so termed, because the first day is counted as well  
as the third. You will please remember that the  
day on which a person is attacked is the first;  
the day of intermission, the second; and the

day of the second attack the third — Therefore the fever is a tertian intermittent — Say that the intermission extends two days, so that the patient shall have a fit on Tuesday, none on Wednesday, ~~but a fit again on Thursday~~ none on Thursday but one again on Friday, you would call it a Quartan. ~~And this is the day of the paroxysm~~ constitutes the first; then follow two days of intermission making three days; and then on the fourth day you have another paroxysm. These are the common forms of the types of intermittent fever.

The intermissions however may be longer than those just mentioned. You may have a patient who tells you he has a paroxysm of intermittent fever, occurring every 5<sup>th</sup> day; another, every 6<sup>th</sup> day, a third every seventh day. Sometimes the paroxysms have returned but once in ten days, — hence in your medical writings you have the terms respectively applied to these periods — the 5<sup>th</sup> day paroxysm a Quintan, Sextan, Septiman and deciman. In the last form there is an interval of nine days and the first day being counted makes up the tenth. I have seen one case of Septiman which occurred every sabbath day. During the week days the patient was well attended to his usual occupation; and on Sunday was confined to bed suffering from a severe fit of ague fever. In your elementary works you will find many instances of this form recorded. Dr Elliston tells us he had a patient, who had an interval always of 4 days, so that in his patient it was a Quintan — He also mentions a case of double octagon. The man had a paroxysm every

8  
Sunday and Thursday; the Sunday paroxysm being  
at ~~about~~ one hour; and the Thursday paroxysm at  
another. When <sup>the paroxysms</sup> ~~they~~ extend to these periods —  
when they are more than a quartan — when the  
intermission is longer than two days, the disease  
is called irregular or erratic; that is it wanders  
out of its usual course. Irregular forms of intermittent  
fever are said to be when the periods of paroxysm  
observe no regularity.

I have now enumerated all the varieties which  
are necessary to be remembered; but as a ~~matter~~  
matter of history, and more as a thing of curiosity  
I shall tell you that the disease has other  
types. You may meet patients who have more  
than one paroxysm on a day — in others there  
may be four in a day; these cases have never  
come to my observation; but Dr Elliot Smith & other  
writers tell us they have seen them.

I have seen what is called a double tertian  
in which you have a paroxysm every day;  
but in which you see paroxysms two days in  
succession which do not belong to each other.  
Let me be more explicit: — A patient has an  
attack every day in the week; but the paroxysm  
on Monday is at 8 o'clock in the morning;  
and the paroxysm on Tuesday at 4 in the  
afternoon, while the paroxysm on Wednesday  
is at 8 o'clock in the morning like the

paroxysm on Monday. So that the paroxysm on Monday and Wednesday agree; whereas the paroxysm on Thursday is at 4 o'clock in the afternoon; - the same hour as the Tuesday paroxysm. Now to analyze this case, it would seem to be a quotidian because it occurs every day; but in reality, it is a double tertian, for it is as if the patient had a tertian which came on every Monday and Wednesday and another which came on every Tuesday and Thursday; and inasmuch as the paroxysms which occur every other day agree, it is in reality not a quotidian, but a double tertian.

It sometimes happens that there are two fits on the day of attack, and none on the following day. Now, say a patient has a disease every other day, Monday & Wednesday; but he has on each of the other days two attacks it is then called a duplicate tertian. These are the differences between a double tertian and a duplicate tertian -

Respecting the double tertian - the one which comes on every Monday and Wednesday for instance and every Tuesday and Thursday, but at different times. You will sometimes find scarcely any intermission between Mondays and the Tuesday paroxysm; while the intermission between Tuesday & Wednesday paroxysm is distinct enough; or vice versa, that the one is hardly over when the other begins, and it is then called

42 Semi tertian or half tertian. The paroxysms are brought so near, that it is almost a remittent fever; and indeed we can class it as nothing else.

It has however as I have just stated received the name of Semi-tertian; and though the interval between the attacks on the first and second day is so short, yet the ~~intermission~~ <sup>intermission</sup> between the second and third is much greater. ~~You may therefore only~~ ~~double tertian~~ You may, however, not only have

a double tertian; one paroxysm on Monday and one on Wednesday at a certain hour; but you may have on Monday two fits, and on Wednesday two fits and this constitutes a triple tertian

You may witness a double quartan; there being an additional paroxysm on the first day of the intermission, at its own hour, and a duplicate quartan; two paroxysms on the day of attack; ~~and~~ also a triple quartan that is three paroxysms on the day of attack

These details, gentlemen, are so minute that possibly you may not be able to follow me; notwithstanding I have been as plain as ~~language~~ <sup>language</sup> will permit. ~~Here~~ For fear that you may forget them, let me refer you to your books, for a still minuter consideration and to this end truly I do not know one work more befitting than the valuable work of Fordyce on Fever. Let this be one of your standard Library Books; impose upon yourselves to read it once a year, more

especially those of you who are to practice in situations of Malaria, or in places where malarious fevers are common. The style of composition of the work is rather diffuse; but the vast fund of interesting detail upon the disease claiming our present notice, amply satisfies for this defect.

All the observations I have made are sufficient for practical purposes; but it is necessary that deviations which do occur in this fever, should be known to the practitioner. He should recollect that the time of the continuance of a paroxysm of intermittent fever is various; generally it finishes its three stages in 18 hours; it seldom lasts longer than this period. We are told by Dr Good that he read a case where the paroxysm lasted exactly a minute. It may be properly asked, how could he divide the stages? What was the severity of the cold stage? Indeed when they were over the patient might in reality not have considered himself sick.

As to the time of commencement of a paroxysm of ague, is like almost all fevers; more frequently they begin in the day than the night. As a general rule it may be stated, that the paroxysms commence between Eight o'clock in the morning, and the same hour in the evening. There are, however, many exceptions; but in a majority of cases, the paroxysms begin in the day. In your books it is mentioned that a quotidian usually has its paroxysms in the morning; a tertian at noon, and a quartan in the afternoon. There is according to my observation some truth in these

It is further to be remarked, that a quartan generally begins late in the day; but you will frequently see tertians come on at noon and quodians in the evening.

It is said likewise that a quodian has the shortest cold stage, but the longest paroxysm altogether; but a tertian has a longer cold stage, but altogether a shorter paroxysm; whereas a quartan has a still longer cold stage, but nevertheless a shorter paroxysm than either of the others.

To these particulars, however, you will find in the practice of the disease many exceptions.

You find in the different Medical publications cases where intermittent fever affected only certain parts of the body. Many of these cases deserve your credence or belief. There is a case recorded in one of the Medical Journals where the vertical half of the body suffered from ague, and during the cold fit, the other half become convulsed. That is still more singular the reporter of the case, says the same half was not always similarly affected, but the symptoms changed sides. In some cases reported, this disease has affected only half the head.

In the work of Dr McCulloch we have an instance where the paroxysm affected one limb only.

These cases were no doubt masked intermittents and which are now termed by the profession neuralgic & can be easily cured by Quinine & Iron. — We observe in other diseases analogous facts. Epilepsy will sometimes

affect one half of the body, and I know sometimes to affect one limb ~~only~~, alone.

You will find in an interesting work, the Pathological & Practical Researches in Diseases of the and Spinal Cord, by Dr. Herbert Crombie, a relation where a friend of the author only sweats in a vertical half of the body; that there is a line upon the forehead, perfectly distinguishing the sweating from the dry side; but that if the dry side take very violent exercise ~~indeed~~, then the dry side is at last forced to perspire a little like the other. Similar instances are recorded by Andral and Dr. Falconer

We come now to consider the types of intermittent fever. It is the course of intermittent fevers during their progress frequently to change their types; but more often those whose intervals is short assume the more lengthened forms than inversely; for instance the tendency of quodians to change into tertians is very frequent. But the contrary change, that of a disease of a long interval into one of a short, is often observed; and when this takes place, it points out the increasing severity of the fever; for it is remarked in the works of the old writers, that a quartan kills no one, but if it be converted into a quodian is very apt to dangerous fatal.

You should remember in your study of Intermittent fever that they very frequently assume the remittent form, and you will find it often, that a simple intermittent may be made complicated and

and more severe by mismanagement in the treatment

Sometimes this change of type will occur but once; sometimes it will occur oftener; and sometimes they will continue changing, so that they observe no regularity of progress at all; and then, as I have said, they are called erratic.

Another variety is that they will not change their types; — they remain quotidian, tertian or quartan; but they will change the hour of their attack. This is an important fact to be remembered by the practitioner. He will find that instead of beginning at the same hour, the paroxysm will become later and later; or the reverse of this; and they will sometimes begin with such irregularity, that a patient never knows when to expect his paroxysm. And again you meet them very irregular at first; and then they will assume a regular type.

At other times the paroxysms are milder. It is a general rule that as the paroxysm grows later and later they become more mild and tractable to treatment. This is the procrastinating type of the older writers and is favourable.

The anticipating are more unfavourable. The paroxysms grow more severe ~~and severe~~ and more intense and the disease increases in intensity. They generally come on earlier and earlier, and at last changes into a remittent type. ~~and~~ more difficult to treat or terminate fatally by organic complications.

It is very common in some marshy districts for a paroxysm to shew itself ~~only~~ mildly at a certain time of the day; or but a trifling sweating or only slight chilliness. These mild attacks of intermittent fever occur chiefly in the spring and autumn - You therefore read in your books descriptions of vernal and autumnal agues. The quartans usually take place in autumn; that is to say there are more cases of quartan among autumnal than among vernal or spring agues.

Although agues have generally the three stages described; you will sometimes meet ~~the~~ <sup>cases</sup> in which the paroxysm are imperfect -; even before the disease has much declined. Frequently I have cured agues in which the cold stage took place, and was never followed by a hot or sweating stage - This is frequently done now in the Western and Southern states by large doses of sulphurine upon or before the time of the cold stage - I have also witnessed the hot stage alone, not having been preceded by the cold stage & a paroxysm is generally terminated by a sweating stage but this is sometimes not the fact. Therefore, it must be evident; that we may have either of the three stages alone. I wish you to notice <sup>this</sup>, for it is an established fact; frequently it has occurred to me in practice, and at first ~~for~~ for want of knowledge of the liability of such conditions, embarrassed me very much in the treatment of such irregularities - Dr Cullen says that the cold stage is necessary to the others; and

and considers this stage requisite to excite the Vis medicatrix nature; - that, to get rid of the cold stage, nature tests herself and brings on the hot, and then the sweating stage.

But this is not always so, for we may have the hot stage, without any cold preceding it, and the cold stage without any subsequent hot stage. - Sometimes you will witness no regular paroxysm at all; but at various periods your patients will have general chilliness, with great depression of spirits; so that they will cry, yawn, stretch, and often be little foolish, with many anomalous feelings.

Now most every person is acquainted with these facts - and the common people very significantly, call it dumb or dead ague - an ague which is not at all lively or does not shew itself in an open manner. It is, notwithstanding to be treated as you would other types of the disease.

Respecting the duration of ague it will be found various. It may consist of only one paroxysm; or it may continue for years. This was the case before the fortunate discovery of the Peruvian Bark.

There are cases published which it is said to have continued 8 & 40 years. Commius records a case which lasted 20 years, and Valerius we are told, had the disease unfortunate fellow all his life. Dr. Boerhaave tells us of a

17  
he untripped lasted four years. And Senac says he  
saw a case which destroyed life the moment it  
began. In this case no doubt death occurred in an  
intense Cold Stage; for when it proves fatal it is mostly  
in the Cold Stage. This frequently happened to Sydenham  
and has also come to my own observation. In  
complicated or malignant intermittents of both countries,  
death frequently takes place in the first or  
congestive stage, because when the hot stage  
comes on, recuperation is being established and the  
patient has a better chance of recovery.

In the North Star Bay there is this advantage, the disease  
will kill in the hot stage. In tropical climates  
so deep is the previous congestion, and so severe is  
the following reaction, that the brain complications  
immediately ensue and coma with other destructive  
symptoms occur which often terminate hastily  
in death. In this Country, some people, in  
malarious districts, have the disease every spring  
for a number of years. I have seen persons suffering  
~~thus~~ with the disease regularly throughout a  
whole year. In its duration quartans, are  
said to last <sup>the</sup> longest. Tertian and quotidian  
are more like an acute disease; but the quartan  
coming on after an intermission of two days, partakes  
more of the nature of a chronic affection; and  
being chronic in its character, so readily it is  
chronic in its duration. - Intermitting fever  
will be found to affect all ages, from the fetus  
in utero to the old man of eighty. I have

frequently known children at the breast to have the disease. You will find recorded cases where children have had the disease before they were born.

There are cases published, where ~~the~~ infants had a paroxysm of ague, the moment they came into the world — just as it is said that some children have had whooping cough, so that the first thing they did was to hoop instead of cry — In Rufels History of Aleppo an account is given of a woman who had a tertian ague. This woman was with child, and she shook every other day; but the child within her she felt shaking regularly on the day when she was disposed to be quiet. She shook, for example, on a Monday & Wednesday; the little one shook on a Tuesday and Thursday; so that she had one tertian ague, and the child another. If it had not been for this diversity she could not have ascertained that the fetus had an ague, nor could her physicians. What further proves that the child had a different ague from the mother, is that the Peruvian bark was given to the latter, and that it cured both her and the child; but as the child was younger — younger than the mother, the bark had more effect on it; for it was cured one paroxysm before the mother — There is no question about children having had small pox and peritonitis in the womb.

Mr Abernethy in his lectures tells us of the case of a child that had the disease, though not the peculiar symptom of whooping cough, before it was born. The mother was exposed to the contagion of whooping cough; which no doubt affected the

Child, but for want of breath, it could not ~~have~~ before birth, but it did so immediately on its entrance into the world. Gentlemen, I have purposely collected these anomalies, which occur ~~even~~ in different diseases, that you may ~~be~~ be prepared to meet them, and as matters of history of disease, they should be remembered.

I shall now pass on to notice the <sup>habit</sup> recurrence of attacks of intermittent fever. This disease is very liable to return from common causes. Cold and wet, have a tendency to bring it back. Whether the disease ever occurs spontaneously, I am not certain, but when a person has once suffered an attack, frequently the slightest cause of error of diet or exposure will return the paroxysm. Dr Gregory of Edinburgh mentions the case of a young West Indian, who had the disease to recur by striking his shin against the scraper on entering the lecture room; and he also speaks of having witnessed the disease to recur after a lapse of years, at the very day and hour which it originally happened.

Another important circumstance to be remembered in the Character of intermittent fever is, that the existence of the disease gives an intermittent or remittent tendency to every other affection that may be present — Now, say, that a person has a disease and he is attacked by ague — the first disease will have a tendency to blend with the ague; so that he will have remissions, if not intermissions of it.

In Epidemic intermittents, persons

who are exempt from it, will show a tendency to affections of an intermittent or remittent character, or any other disease which they may have at that period.

This, however, is chiefly seen in fever. During the prevalence of ague, persons exposed to its cause, if they take continued fever, it will put on the remittent form, and remittent fever appears to be a continuation of continued & intermittent fevers. Very frequently you will find ouge followed by rheumatism, and especially situated in the extremities and in the head.

Occasionally it will alternate with rheumatism, so that the rheumatism shall cease, and the ague return, and vice versa. These are interesting facts to the practitioner in treating this disease and should be treasured up. You will find instances on record in which ague alternated with epistaxis; and likewise, with hæmatemesis or vomiting of blood, and sometimes a discharge of blood through the urinary organs; which bleedings ceased, on the return of the ague.

From these remarks I shall now ~~pass~~ proceed to notice the appearances on dissection, or the anatomical characters of some forms which invest ague.

I have already stated that the simple variety of ague, is seldom or ever fatal; but the complicated and malignant ~~aspects~~ aspects of the disease very often end immediately or more remotely in death.

When the mild forms of intermittent are fatal it is by its long continuance. The changes of structure usually found are the cellular membranes,

and serous lining of the cavities distended with fluid. Great organic mischief is found in the liver, spleen and intestines. The liver is very frequently hypertrophied, and often is found in a state of softening, the whole organ filled with a dark coloured pulp, coagulated blood, and shreds of membranous matter. Frequently with hypertrophy and softening there are tubercles. Many instances I have seen where the only organic changes was in the size of the organ. ~~the texture being perfectly natural.~~ ~~Many instances I have seen where the only organic changes was in the size of the organ.~~ Grondette, an Italian physician mentions a dissection where the liver was so large as to almost fill the whole space of the abdomen, completely to the stomach and intestines, and adhering by membranous shreds to the spleen. The spleen is also very generally enlarged, and cases are reported in medical writings where its size was enormous; sometimes four times its natural size, and to weigh 6 or 8 pounds.

Morgagni has a case reported in which the spleen weighed  $9\frac{1}{2}$  pounds. Such enlargements exist with the affection of the liver, but are found to be consistent with a healthy condition of that organ.

A very interesting case is reported where an enlarged spleen had contracted adhesions to the left ~~side~~ extremity of the colon, and the contents of the organ had been discharged by stool, the patient being supposed to have died of Melena. In cases of enlargement of the spleen where the ague had been complicated with dysentery there is most

always found ulcerations of the great intestines.

From ~~these~~ <sup>this</sup> relation of pathological consequences of intermittent fever, it will be readily perceived that as simple and manageable as are a great number of Cases of ague, others ~~again~~ occur in which you have local inflammation, inflammatory affections of the chest, head, of the abdomen, particularly gastritis and hepatitis. In the tropics; ~~and~~ in the autumn, in many parts of the United States, it is the abdominal viscera that suffer the most severely, and is likewise very frequently accompanied with bilious vomiting and bilious purging and even of jaundice and Dysentery. We are told that in some places in Iceland, and by Pringle that the ague is called gall fever, from the deep state of Jaundice attending the disease. This name is applied on account of the great irritation of the liver that takes place, and the abundant secretion of bile, that, <sup>the</sup> intermittent is thus called. Where intermittent fever has continued for a considerable length of Time dropsies and other sequela occur which I shall speak of as I proceed.

When intermittent fever ~~is~~ of long continuance, it is very apt to be associated with other affections; frequently after it has ceased, other affections seize the patients. For example it is very usual when ague has continued any length of time, the spleen as we have seen will become enlarged — and it is ~~the~~ enlargement

of this organ, that you hear among the people and called by them Augue Casse — This spleen hypertrophy, occupies the left hypochondrium, or perhaps the whole left half of the abdomen.

In the interesting work of Dr. Blegdon on the diseases of Minorca he says he has seen the spleen to weigh 80 ounces, and <sup>phary</sup>referred to others of extraordinary size & weight. In children ~~long~~ <sup>those</sup> suffering under Augue, or residing in a malarious atmosphere the enlargement of the spleen is very common — When intermittent fever has existed for a considerable time, it is common also to see ascites or Dropsy of the abdomen, & jaundice.

In the case of the spleen, the sufferer's countenance and general surface is pale, anemic & almost bloodless; while in the case of liver complication he is more or less jaundiced. Very frequently there is Anasarca as well as ascites, and not unfrequently, you will witness the former and not the latter; and these sequela remain for a longer or shorter time after we have cured the Augue.

In conclusion

My time having nearly expired I shall have to postpone further remarks upon this disease and will introduce ~~it~~ <sup>it</sup> at our next meeting of the causes productive of the Maladey.

Finis

Announce Clinical Lecture  
This evening.













